K092710

510(k) Summary

As required by 807.92

OCT 3 0 2009

1. Company Identification

Konica Minolta Medical & Graphic, Inc.
2970 Ishikawa-machi, Hachioji-shi, Tokyo 192-8505, Japan
Phone: 81-42-660-9607
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2. Official Correspondent

Koji Matsushima (Mr.)
General Manager
Standards & Regulations Department
Quality Assurance Center

3. Date of Submission

August 28, 2009

4. Establishment Registration No.

3003769120

5. Device Trade Name

Direct Digitizer, REGIUS Model 210

6. Classification Name

Solid State X-Ray Imager

7. Classification

Class II, 90 MQB, 21 CFR 892.1630.

8. Predicate Device

Direct Digitizer, REGIUS Model 190, 510(k) number: K052095

9. Description of Device

The Direct Digitizer, REGIUS Model 210 is an X-ray image reader which uses a stimulable phosphor plate (Plate) as X-ray detector installed in a separate cassette, and reads the image recorded on the Plate by inserting a cassette in the entrance slot of this device. By means of laser scan and photoelectric method, this device reads the X-ray image data created in form of a latent image on the Plate exposed by an external X-ray generating device, and converts the read data into digital. REGIUS Model 210 also enables to use of

multiple cassette to obtain images of long areas of anatomy and then to present the images as a single composite image (Long Length Imaging feature), and to use Read-Only Cassettes and Exposure-Only Cassettes used for Radiotherapy localization.

Different points between REGIUS Model 210 and REGIUS Model 190, which is approved 510(k) number: K052095 is that REGIUS Model 210 has higher processing capacity than REGIUS Model 190. To increase the processing capacity, the software algorithm is modified. However, the hardware remains unchanged. The exterior appearance is slightly modified.

The basic operations of REGIUS Model 210 such as a starting, a shut down, a registration-of-patient, a setting of a various condition are operated with the optional Image Processing Work Station, REGIUS CONSOLE CS-2000/3000 (510(k) cleared, K051523, July 20, 2005). Then the image data transfer to an externally connected device such as a host computer, an order input device, an image display device, a printer, an image data filing device, and other image reproduction devices.

10. Intended Use

The Direct Digitizer, REGIUS Model 210 is an X-ray image reader which uses a stimulable phosphor plate (Plate) as X-ray detector installed in a separate cassette. It reads the image recorded on the Plate and transfers the image data to an externally connected device such as a host computer, an order input device, an image display device, a printer, an image data filing device, and other image reproduction devices. REGIUS Model 210 also reads the image data of long areas of anatomy and the image data to verify the position for radiotherapy localization. It is designed and intended to be used by trained medical personnel in a clinic, a radiology department in a hospital and in other medical facilities.

This device is not intended for use with FFDM systems.

11. Substantial Equivalence to Predicate Device

The Direct Digitizer, REGIUS Model 210 is substantially equivalent to our Direct Digitizer REGIUS Model 190, 510(k) number: K052095.

Comparison of the principal characteristics of these devices is shown in the Section 8.

12. Compliance Standard

Safety standard : IEC60601-1 Ed.2(1988)+ A1(1991)+A2(1995)

Electromagnetic Compatibility : IEC60601-1-2 Ed.2(2001)+A1(2004)

Radiation safety : 21 CFR 1040.10, IEC60825-1(1993)+A1(1997)+A2:2001

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room – WO66-G609
Silver Spring, MD 20993-0002

AUG 23 2013

Konica Minolta Medical & Graphic, Inc.
% Mr. Russel Munves
Official Correspondent
Storch, Amini & Munves, P.C.
140 East 45th St., 25th Floor Two Grand Central Tower
NEW YORK NY 10017

Re: K092717
Trade/Device Name: Direct Digitizer, REGIUS Model 210
Regulation Number: 21 CFR 892.1680
Regulation Name: Stationary x-ray system
Regulatory Class: II
Product Code: MQB
Dated: October 15, 2009
Received: October 16, 2009

Dear Mr. Munves:

This letter corrects our substantially equivalent letter of October 30, 2009.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into class II (Special Controls), it may be subject to such additional controls. Existing major regulations affecting your device can be found in Title 21, Code of Federal Regulations (CFR), Parts 800 to 895. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Parts 801 and 809); medical device reporting (reporting of

medical device-related adverse events) (21 CFR 803); and good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820). This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Parts 801 and 809), please contact the Office of *In Vitro* Diagnostic Device Evaluation and Safety at (301) 796-5450. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely Yours,

Janine M. Morris
Acting Director
Division of Radiological Devices
Office of In Vitro Diagnostic Device
Evaluation and Safety
Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if known) K092717

Device Name : Direct Digitizer, REGIUS Model 210

Indications for Use:

The Direct Digitizer, REGIUS Model 210 is an X-ray image reader which uses a stimulable phosphor plate (Plate) as X-ray detector installed in a separate cassette. It reads the image recorded on the Plate and transfers the image data to an externally connected device such as a host computer, an order input device, an image display device, a printer, an image data filing device, and other image reproduction devices. REGIUS Model 210 also reads the image data of long areas of anatomy and to verify the position for a radiotherapy location. It is designed and intended to be used by trained medical personnel in a clinic, a radiology department in a hospital and in other medical facilities.

This device is not intended for use with FFDM systems

Prescription Use ___X___ AND/OR Over-The-Counter Use _____

(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices
510(k) Number K092717